A new climate for Indigenous health

The Apology to the Stolen Generation set the tone for a new and vigorous approach to achieving health equity for Indigenous people. The symbolic impact of the Apology was reinforced and given practical direction by the Australia 2020 Summit and the Australian Government Department of Health and Ageing Budget Statements. The key primary health care messages arising from these are:

- **Improving** health services for Indigenous people is essential to reducing health inequities between Australians.
- Making health services **accessible** to Indigenous communities is a primary component of health service provision.
- Indigenous community **engagement** in health research, health services and health education is critical to meeting equity policy outcomes.

These key messages were reinforced with energy and hope at the 2008 General Practice and Primary Health Care (GP & PHC) Research Conference, *Health for All?* Presenters, including more Indigenous researchers than in previous years, described a range of research initiatives being taken to ‘close the gap’ in health between Indigenous and non-Indigenous Australians.

**Key findings**

**EVALUATING LOCAL PROJECTS TO IMPROVE INDIGENOUS HEALTH**

Health services for Indigenous people must be accessible, both geographically and socio-culturally.

“It’s not about hard to reach populations but hard to reach services.”

**Infant mortality**

Indigenous women access antenatal care later than non-Indigenous women and are more likely to die during pregnancy. Identifying culturally appropriate approaches will increase Indigenous women’s use of health services and lead to improved health for them and their families.

A Tamworth project found that Indigenous women prefer an Indigenous health worker during their pregnancy, but this is not so important after the birth. Continuity of care is very important. The women prefer talking about their health to using written or computer health materials.

**Bringing dialysis to the people**

Ten years ago analysis showed that Indigenous people in the Northern Territory lived for half as long after dialysis as non-Indigenous people. The Aboriginal and Community Controlled Health Service in Broome is closing the gap in life expectancy between Indigenous and non-Indigenous Australians who are receiving dialysis. However, the demand exceeds the resources’ ability to meet it and about 30% of Kimberley people still received treatment in Perth in 2007.

The Western Desert Ngaamtapa Walytyja Palyantjaku Tjutaku (or the Western Desert Dialysis Mob) provides even more remote service, enabling seriously ill patients receiving long-term dialysis treatment in ‘the purple house’ in Alice Springs to visit their homes and families in the remote Western Desert of NT and receive dialysis while they are there.

**Substance abuse outflanked**

“When I walked to work … I’d trip over cans and see kids with paint over their lips looking like they just weren’t there … now … I don’t see those kids anymore.”

In Palmerston Indigenous Village two complementary projects reduced youth substance abuse and improved community pride. In one, local retailers learnt how to minimise inappropriate purchases and substance abuse. In the other, the community took responsibility to provide breakfast and lunch-boxes to schoolchildren by adapting the Australian Government’s School Nutrition Program.

These projects demonstrate the power of local, culturally appropriate service models. They fit with Prime Minister Rudd’s statement of the need to close the gap with sufficient flexibility not to insist on a one-size-fits-all approach for each of the hundreds of remote and regional Indigenous communities across the country.

**Population data**

Different Indigenous groups have different health needs. Population data can overturn assumptions about particular groups and result in policies and health services more likely to improve health outcomes for key groups.

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*TO CONTACT PHC RIS:*

Phone: +61 8 8024 5399
Web: [www.phcris.org.au](http://www.phcris.org.au)
PHC RIS Assist: 1800 025 882
Email: phcris@flinders.edu.au

Infant and maternal health – the Gudaga ‘healthy baby’ project
Over a third of mothers of Indigenous children in this project’s cohort are not themselves Indigenous, are younger than other mothers and less likely to be married or to have finished school. They may be in greater need of support in managing their babies’ health.⁶

Child health
Data about eating, size and weight for urban children between five and 14 years gathered at Queensland’s Inala Indigenous Health Centre will identify children at risk of chronic disease.⁵

Improving men’s access to health information
Indigenous men use health services less than women do and may see health services as ‘women’s places’⁵ A Queensland project is investigating ways of delivering health services appropriate for Indigenous men’s cultural needs to encourage men’s health service use and increase their health.¹⁰

Indigenous health checks
Health checks conducted in Queensland’s Inala Indigenous Health Service were associated with high rates of preventive activities, referrals, medications and investigations.¹

Encouraging Indigenous people’s engagement
Sitting around having a good yarn
Successful comprehensive primary health care for Indigenous communities needs research and working partnerships where Indigenous and non-Indigenous people collaborate as respected equals. This means non-Indigenous practitioners ‘unlearning’ assumptions from the Western health system and both groups getting to know each other, ‘yarning’, to identify new and appropriate approaches to complex circumstances.

Supporting Indigenous researchers
‘Yarning’ was a strategy in one innovative approach which used young Indigenous mothers in Townsville to design the U Mob Yarn Up project, conduct interviews with young marginalised people and act as a support group for them. This process was time intensive and complex, but the approach was culturally appropriate and benefited to the participants were tangible.¹

Building the capacity of the remote workforce
Indigenous people don’t make distinctions between professions.
The Centre for Remote Health in Alice Springs is supporting remote Allied Health Professionals by fostering communication skills to build relationships and knowledge about what is happening in local communities, aiming to promote inter-professional support and collaboration.⁵,⁶

Research direction
Research is asking and answering questions important to removing health inequalities.
The way research is conducted affects what is discovered. To answer questions meaningfully, research must be done with and by Indigenous people and communities, not on them.

Research based in these respectful and collaborative principles will lead to improving access to care, and therefore narrowing the gap in survival and health for Indigenous Australians.

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FURTHER RESOURCES
National Aboriginal Community Controlled Health Organisation (NACCHO)
Web: www.naccho.org.au
Cooperative Research Centre for Aboriginal Health (CRCAH)
Web: www.crcah.org.au
Australian Indigenous HealthInfoNet
Web: www.healthinfonet.ecu.edu.au
Australian Indigenous HealthBulletin
Web: healthbulletin.org.au
Coalition for Research to Improve Aboriginal Health (CRIAH)
Web: www.ahmrc.org.au/Coalition for Research to Improve Aboriginal Health.htm